STATE OF WEST VIRGINIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
OFFICE OF OIL AND GAS

FLUIDS/ CUTTINGS DISPOSAL & RECLAMATION PLAN

Operator Name_____ OP Code _____

Watershed (HUC 10)_____ Quadrangle _____

Elevation _____ County_____ District_____

Do you anticipate using more than 5,000 bbls of water to complete the proposed well work?   Yes _____   No _____

Will a pit be used for drill cuttings?   Yes _____   No _____

  If so, please describe anticipated pit waste: _____

  Will a synthetic liner be used in the pit? Yes _____   No _____   If so, what ml.?_____

  Proposed Disposal Method For Treated Pit Wastes:

    _____ Land Application
    _____ Underground Injection (UIC Permit Number_____)
    _____ Reuse (at API Number_____)
    _____ Off Site Disposal (Supply form WW-9 for disposal location)
    _____ Other (Explain_____

Will closed loop system be used? _____

Drilling medium anticipated for this well? Air, freshwater, oil based, etc._____

  -If oil based, what type? Synthetic, petroleum, etc._____

Additives to be used in drilling medium?_____

Drill cuttings disposal method? Leave in pit, landfill, removed offsite, etc._____

  -If left in pit and plan to solidify what medium will be used? (cement, lime, sawdust)_____

  -Landfill or offsite name/permit number? _____

_____

  I certify that I understand and agree to the terms and conditions of the GENERAL WATER POLLUTION PERMIT issued on August 1, 2005, by the Office of Oil and Gas of the West Virginia Department of Environmental Protection. I understand that the provisions of the permit are enforceable by law. Violations of any term or condition of the general permit and/or other applicable law or regulation can lead to enforcement action.

  I certify under penalty of law that I have personally examined and am familiar with the information submitted on this application form and all attachments thereto and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine or imprisonment.

Company Official Signature_____

Company Official (Typed Name)_____

Company Official Title_____

_____

Subscribed and sworn before me this_____ day of_____, 20_____

_____ Notary Public

My commission expires_____

Form WW-9

Operator's Well No._____

Proposed Revegetation Treatment: Acres Disturbed _____ Prevegetation pH _____

Lime _____ Tons/acre or to correct to pH _____

Fertilizer (10-20-20 or equivalent) _____lbs/acre (500 lbs minimum)

Mulch_____Tons/acre

Seed Mixtures

Area I		Area II	
Seed Type	lbs/acre	Seed Type	lbs/acre
_____		_____	
_____		_____	
_____		_____	

Attach:
Drawing(s) of road, location,pit and proposed area for land application.

Photocopied section of involved 7.5' topographic sheet.

Plan Approved by:_____

Comments: _____

_____

_____

_____

_____

_____

Title:_____ Date:_____

Field Reviewed?   (_____) Yes   (_____) No